

November 17, 1999

Provider Notice 99-23

TO: Psychologists and Physicians

SUBJECT: Guidelines for EPSDT-Referred Services

Requirements for Recipient Intake, Treatment Planning, and Service Documentation:

1. An intake evaluation must be performed for each recipient considered for initial entry into any course of covered services.
2. The intake evaluation process shall result in a determination of the recipient's need for psychological services based upon an assessment that must include relevant information from the following:
 - A. Family history,
 - B. Educational history,
 - C. Medical history,
 - D. Vocational history,
 - E. Psychiatric treatment history,
 - F. Legal history,
 - G. Substance abuse history,
 - H. Mental status exam, and
 - I. Summary of the significant problems the recipient is experiencing.
3. The intake evaluation process shall result in the development of a written treatment plan (i.e., service plan, plan of care, etc.) completed by the fifth recipient visit.
4. The treatment plan shall:
 - A. Identify the clinical issues that will be the focus of treatment;
 - B. Specify those services necessary to meet the recipient's needs;
 - C. Include referrals as appropriate for needed services not provided directly by the service provider;
 - D. Identify expected outcomes toward which the recipient and therapist will be working to impact upon the specific clinical issues; and
 - E. Be approved in writing by a physician or clinical psychologist licensed in the State of Alabama.
5. Services must be specified in the treatment plan in order to be paid by Medicaid. A physician or clinical psychologist must approve changes to the treatment plan.
6. The treatment plan must be reviewed once every three months to determine the recipient's progress toward treatment objectives, the appropriateness of the services furnished, and the need for continued treatment. This review shall be documented in the recipient's clinical record by notation in the progress notes or on the treatment plan. This review shall note the treatment plan has been reviewed and updated or continued without change. A physician or clinical psychologist must do this review.

7. Documentation in the recipient's record for each session, service, or activity for which Medicaid reimbursement is requested shall include, at a minimum, the following:
 - A. The identification of the specific services rendered;
 - B. The date and the amount of time spent on the services rendered;
 - C. The signature of the staff person who rendered the services;
 - D. The identification of the setting in which the services were rendered; and
 - E. A written assessment of the recipient's progress, or lack thereof, related to each of the identified clinical issues discussed.
8. When clinical records are audited, the list of required documentation described in item (7) will be applied to justify payment by Medicaid. The documentation must be sufficient in detail to support the service billed.

Covered Services for Psychologists:

CPT Code	Short Description	Daily/Annual Max
90801	Psychiatric dx interview exam	1/1
90802	Interactive psychiatric dx interview exam	1/1
90804	Individual psychotherapy (20-30 min)	2/52
90805	with medical E&M services	2/52
90806	Individual psychotherapy (45-50 min)	1/26
90807	with medical E&M services	1/26
90808	Individual psychotherapy (75-80 min)	1/12
90809	with medical E&M services	1/12
90810	Individual psychotherapy (20-30 min)	2/52
90811	with medical E&M services	2/52
90812	Individual psychotherapy (45-50 min)	1/26
90813	with medical E&M services	1/26
90814	Individual psychotherapy (75-80 min)	1/12
90815	with medical E&M services	1/12
90816	Individual psychotherapy (20-30 min)	2/52
90817	with medical E&M services	2/52
90818	Individual psychotherapy (45-50 min)	1/26

90819	with medical E&M services	1/26
90821	Individual psychotherapy (75-80 min)	1/12
90822	with medical E&M services	1/12
90823	Individual psychotherapy (25-30 min)	2/52
90824	with medical E&M services	2/52
90826	Individual psychotherapy (45-50 min)	1/26
90827	with medical E&M services	1/26
90828	Individual psychotherapy (75-80 min)	1/12
90829	with medical E&M services	1/12
90847	Family psychotherapy (with patient present)	1/12
90849	Multiple-family group psychotherapy	1/12
90853	Group psychotherapy	1/12
90887	Interpretation of results of psychiatric/medical exams	1/12
96100	Psychological testing with interpretation and report, per hour	5/10
96117	Neuropsychological testing battery with interpretation and report, per hour	5/10

Guidelines for Covered Procedure Codes:

1. Individual psychotherapy codes should be used only when the focus of the treatment encounter involves psychotherapy. Psychotherapy codes should not be used as generic psychiatric service codes when another code, such as an E&M or pharmacologic management code, would be more appropriate.
2. Procedure codes 90808, 90809, 90814, 90815, 90821, 90822, 90828, and 90829 (75-80 minutes) should not be routinely used. These codes are reserved for exceptional circumstances. The provider must document in the recipient's clinical record the medical necessity of these services and define the exceptional circumstances.
3. Medicaid will not accept psychiatric therapy procedure codes 90804-90829 being billed on the same date of service as an E&M service by the same physician or mental health professional group.

4. Procedure codes 90847 and 90849 are used to describe family participation in the treatment process of the recipient. Code 90847 is used when the patient is present. Code 90849 is intended for group therapy sessions for multiple families when similar dynamics are occurring due to a commonality of problems in the family members in treatment.
5. Procedure code 90853 is used when psychotherapy is administered in a group setting with a trained group leader in charge of several recipients. Personal and group dynamics are discussed and explored in a therapeutic setting allowing emotional catharsis, instruction, insight, and support. Group therapy must be led by a physician or clinical psychologist licensed in the State of Alabama.
6. Procedure code 96100 includes the administration, interpretation, and scoring of the tests mentioned in the CPT description and other medically accepted tests for evaluation of intellectual strengths, psychopathology, mental health risks, and other factors influencing treatment and prognosis. The clinical record must indicate the presence of mental illness or signs of mental illness for which psychological testing is indicated as an aid in the diagnosis and therapeutic planning. The record must show the tests performed, scoring and interpretation, as well as the time involved. Each test performed must be medically necessary; therefore, standardized batteries of tests are not acceptable. Nonspecific behaviors which do not indicate the presence of, or change in, a mental illness would not be an acceptable indication for testing. Psychological or psychiatric evaluations that can be accomplished through the clinical interview alone would not require psychological testing and such testing might be considered medically unnecessary.
7. Procedure codes 90862, pharmacologic management, and 90865, narcosynthesis for psychiatric diagnostic and therapeutic purposes, are covered for physicians only and may not be billed by psychologists.

Appropriate managed care referrals should be obtained for Patient 1st participants.

Any questions regarding this notice should be referred to Outreach and Education, 334-242-5455.

signed: W. Dale Walley, Acting Commissioner

Distribution:

Alabama Hospital Association
Alabama Medicaid Agency Staff
Electronic Data Systems (EDS)
Department of Mental Health

Medical Association of the State of Alabama
Department of Public Health
Alabama Primary Health Care Association
Department of Human Resources

REMINDER: ALL MEDICAID RECIPIENTS ARE REQUIRED TO PRESENT PROPER IDENTIFICATION TO A PROVIDER OF MEDICAL CARE OR SERVICES. PROVIDERS MUST

VERIFY ELIGIBILITY BEFORE PROVIDING TREATMENT OR SERVICE UNDER THE MEDICAID PROGRAM.

AVRS: 1-800-727-7848

MEDICAID FRAUD HOTLINE: 1-800-824-
6584